

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055265

Entity Name: MY HOME DOCTOR, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

1221 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131 US

New Principal Place of Business:

5901 SW 74 STREET
SUITE 403
SOUTH MIAMI, FL 33143 US

Current Mailing Address:

1172 SOUTH DIXIE HIGHWAY
SUITE 140
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 20-4956729 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRICE, MARK
1441 TAGUS AVE
CORAL GABLES, FL 33156 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PRICE, MARK
Address: 1441 TAGUS AVE
City-St-Zip: CORAL GABLES, FL 33156 US

Title: MGRM () Delete
Name: VARONA, JOSE
Address: 2457 COLLINS AVE #1102
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGRM () Delete
Name: MAGGIONI, ANDREA
Address: 11100 PARADELLA
City-St-Zip: CORAL GABLES, FL 33156 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARK PRICE

CEO

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date